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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	960296.97206
First Named Inventor	Hector F. DeLuca
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	February 12, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PREPARATIONS AND USE OF AN Ah RECEPTOR LIGAND,  
2-(1'H-INDOLE-3-CARBONYL)-THIAZOLE-4-CARBOXYLIC ACID METHYL ESTER**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

[REDACTED]

and was amended on (MM/DD/YYYY)

[REDACTED] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
				YES      NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	27114	OR <input type="checkbox"/> Correspondence address below
Name				
Address				
Address				
City		State	ZIP	
Country	Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>				
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name DeLuca or Surname		
Inventor's Signature		Date		
Residence: City	Deerfield	State	WI	Country
USA Citizenship USA				
Mailing Address 1809 Highway BB				
Mailing Address				
City	Deerfield	State	WI	ZIP 53531
		Country USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name Song or Surname		
Inventor's Signature		Date		
Residence: City	Madison	State	WI	Country
		USA Citizenship USA		
Mailing Address 5319 Brody Drive, Apt. #103				
Mailing Address				
City	Madison	State	WI	ZIP 53705
		Country USA		
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Margaret		Clagette-Dame	
Inventor's Signature		Date	
Residence: City	Deerfield	State	WI
Country	USA	Citizenship	USA
Mailing Address 1809 Highway BB			
<b>Mailing Address</b>			
City	Deerfield	State	WI
ZIP	53531	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Richard E.		Peterson	
Inventor's Signature		Date	
Residence: City	Madison	State	WI
Country	USA	Citizenship	USA
Mailing Address 5202 Denton Place			
<b>Mailing Address</b>			
City	Madison	State	WI
ZIP	53705	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
William M.		Westler	
Inventor's Signature		Date	
Residence: City	Madison	State	WI
Country	USA	Citizenship	USA
Mailing Address 9 Rosewood Circle			
<b>Mailing Address</b>			
City	Madison	State	WI
ZIP	53711	Country	USA

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Raphal R.		Sicinski		
Inventor's Signature				
Residence: City Warsaw		State	Country Poland	Citizenship Poland
Mailing Address ul. Waszyngtona 33 m. 150				
Mailing Address				
City Warsaw		State	ZIP	Country Poland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				
Residence: City		State	Country	Citizenship
Mailing Address				
Mailing Address				
City		State	ZIP	Country

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